

Daniel F. Bertch (4728)
BERTCH ASSOCIATES
7070 South 2300 East, Suite 100
Salt Lake City, UT 84121
Tel: (801) 424-3800
Fax: (801) 424-4243
Email: dan@bertchassociates.com
Attorney for Plaintiff

Roberto Hernandez, USB # 13533
The Law Offices of Roberto Hernandez, PLLC
491 West 5300 South
Murray, Utah 84123
Tel: 801-590-3275
Fax: 801-590-3274
Email: roberto@hernandezinjurylaw.com
Attorney for Plaintiff

IN THE UNITED STATES DISTRICT COURT
DISTRICT OF UTAH

JUAN EDGAR VARELA, individually,

Plaintiff,

v.

UNITED STATES OF AMERICA,
DEPARTMENT OF HOMELAND
SECURITY, and JOHN DOES I-V,

Defendant.

COMPLAINT

Case No.:

Judge:

COMES NOW Plaintiff and complains of Defendant as follows:

PARTIES

1. Plaintiff is a resident of Salt Lake County, Utah.
2. Defendant United States of America is the United States, Department of Homeland Security, and subject to suit in Salt Lake County, Utah.

3. Defendants John Doe I-V are individuals, partnerships, corporations or other entities responsible for the acts complained herein, whose identity is currently unknown to Plaintiff.
4. At all times material hereto, Adam J. Koeneman, was acting within the scope and course of his employment and/or agency from the United States of America, Department of Homeland Security.

VENUE/JURISDICTION

5. The acts, events or transactions complained of occurred in Salt Lake County, Utah.
6. Pursuant to 28 U.S. C. §2674, or other applicable statutory authority, Defendant is responsible for the actions of employees for the actions of the Department of Homeland Security, acting within the scope and course of employment with the U.S. Immigration and Customs Enforcement.
7. This Court has jurisdiction pursuant to 28 U.S.C. §1346(b). Venue is proper pursuant to 28, U.S.C. §1391(e).

ADMINISTRATIVE CLAIM COMPLIANCE

8. On October 2, 2019, an administrative claim was filed on Form 95, as required by 28 U.S.C. §2401(b), within two (2) years of the alleged occurrence, for each plaintiff. Copies of Form 95 with the time annotations are attached as Exhibit A.
9. On April 21, 2021, Defendant mailed a notice of denial of the claim attached as Exhibit B.

GENERAL ALLEGATIONS

10. On October 4, 2017, Plaintiff was driving eastbound on I-80 near 3200 West, in West Valley City, Utah.

11. At the same time, Adam Koeneman was driving eastbound directly behind Plaintiff.
12. As Plaintiff approached congested traffic he slowed down. Koeneman failed to slow down and collided with the rear of Plaintiff's vehicle.
13. As a direct and proximate result of the collision, Plaintiff suffered serious injuries, including injuries to his head, neck, upper back, mid back, lower back, arms, abdomen/ribs and chest, and other parts of his body.
14. As a direct and proximate result of the collision, Plaintiff's vehicle incurred damages to the rear (body, trunk, rear bumper, taillights, exhaust, etc.) in the amount of \$9,433.19.

COUNTONE
(Negligence)

15. Koeneman owed Plaintiff a duty to exercise reasonable care as he drove his vehicle on the I-80 near 3200 West, on or about West Valley City, Utah.
16. Koeneman breached this duty by, among other things:
 - a. Failing to drive at a safe speed for the conditions;
 - b. Failing to maintain a safe driving distance from the vehicle in front;
 - c. Failing to maintain a proper lookout;
 - d. Failing to slow down or stop/yield for traffic congestion;
 - e. Failing to operate vehicle in a safe and prudent manner.
17. Koeneman's breaches of duty were a direct and proximate cause of the collision with Plaintiff's vehicle.

DAMAGES

18. As a direct and proximate result of Koeneman's negligence, Plaintiff was caused to suffer physical pain and distress and will suffer this in the future.

19. As a direct and proximate result of Koeneman's negligence, Plaintiff was caused to suffer loss of enjoyment of life, and other general damages, and will suffer these in the future.
20. As a direct and proximate result of Koeneman's negligence, Plaintiff was caused to incur reasonable medical expenses in an amount exceeding \$17,000.00 and will incur medical expenses in the future.
21. As a direct and proximate result of Koeneman's negligence, Plaintiff was caused to suffer a serious injury and permanent physical impairment.
22. As a direct and proximate result of Koeneman's negligence, Plaintiff was caused to suffer loss of enjoyment of life, and other general damages, and will suffer these in the future.
23. As a direct and proximate result of Koeneman's negligence, Plaintiff's vehicle was damaged, and suffered economic and loss of use thereof.

PRAYER FOR RELIEF

HAVING COMPLAINED of Defendant, Plaintiff prays for relief as follows:

- a. For special damages, in an amount exceeding \$3,000.00, to be proven at trial;
- b. For general damages, in amount exceeding \$1,000.000.00, to be proven at trial;
- c. For post-judgment interest, costs as allowed by law, and such other relief as may be just and equitable to the Court.

DATED this 20th of October 2021.

/s/ Daniel F. Bertch
Daniel F. Bertch
Attorney for Plaintiff

/s/ Roberto Hernandez
Roberto Hernandez
Attorney for Plaintiff

EXHIBIT A



October 2, 2019

Dear Roberto Hernandez:

The following is in response to your request for proof of delivery on your item with the tracking number:
EJ11 1854 396U S.

Item Details

Status:	Delivered
Status Date / Time:	October 2, 2019, 11:19 am
Location:	WASHINGTON, DC 20536
Postal Product:	Priority Mail Express 2-Day®
Extra Services:	Insured
	PO to Addressee
	Up to \$100 insurance included
Actual Recipient Name:	K LUSBY

Note: Actual Recipient Name may vary if the intended recipient is not available at the time of delivery.

Shipment Details

Weight:	2lb, 12.0oz
----------------	-------------

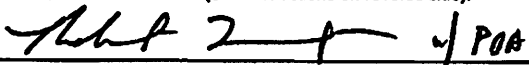
Recipient Signature

Signature of Recipient:	Delivery Section
	Signature: <i>Karl Lusby</i>
	Printed Name: <i>Karl Lusby</i>
Address of Recipient:	Delivery Address

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: DHS/ICE/OPLA/DCLD Attn: District Court Litigation Division 500 12th St, SW, Mailstop 5900 Washington, DC 20536			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. Juan Edgar Varela (464 E Edit Ave Salt Lake City, UT 84111) c/o The Law Offices of Roberto Hernandez 491 West 5300 South Murray, UT 84123		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH 03/07/1969		5. MARITAL STATUS Single	
6. DATE AND DAY OF ACCIDENT 10/4/2017 Wednesday		7. TIME (A.M. OR P.M.) 5:00 P.M.			
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). On October 4, 2017, Juan Edgar Varela was traveling eastbound on I-80 near 3200 West in West Valley City, Utah. Mr. Varela was traveling in a personal vehicle. Adam Koeneman, an agent with the Immigration and Customs Enforcement, was also traveling eastbound directly behind Mr. Varela. Mr. Koeneman was driving a U.S. Immigration and Customs Enforcement vehicle. As Mr. Varela approached congested traffic he slowed down. However, Mr. Koeneman failed to slow down and collided with the rear-end of Mr. Varela's vehicle. The impact was significant as it caused Mr. Varela to sustain injuries to his person for which he received medical treatment and caused damage to the rear of Mr. Varela's vehicle. Please see enclosed Notice of Claim accompanied to Form 95.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). Ken Garff Volkswagen located at 115 East University Parkway, Orem, Utah 84058, Tel: 801-714-2300.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). 2017 Volkswagen Jetta - The vehicle incurred damage to body, trunk, rear bumper, taillights, exhaust, etc. The vehicle owned by Ken Garff Volkswagen located at 115 East University Parkway, Orem, Utah 84058, Tel: 801-714-2300.					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. Mr. Varela sustained injuries to his person including but not limited to his head, neck, upper back, mid back, lower back, arms, abdomen/ribs and chest. For additional injuries and complains, please see enclosed Notice of Claim accompanied with this Form 95.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
N/A		N/A			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE \$ 9,433.19		12b. PERSONAL INJURY \$ 17,201.09		12c. WRONGFUL DEATH 0	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights). \$ 101,634.28	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM 801-590-3275		14. DATE OF SIGNATURE 9/27/2019
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☒ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

State Farm Insurance (Claim No. 44-1638-D87)
P.O. Box 106170
Atlanta, GA 30348

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Yes, a property damage claim was filed with State Farm under the collision coverage and deductible was paid out of pocket by Mr. Varela.

\$500.00

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).
State Farm has a subrogation claim for medical expenses paid under the personal injury protection coverage in the amount of \$5,000.00 and a subrogation claim for expenses paid under collision coverage in the amount of \$9,433.19. State Farm may collect on their own behalf or will ask for reimbursement from Mr. Varela from the settlement proceeds. State Farm has not advised if they have taken action or will take action as of date.

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

N/A

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

POWER OF ATTORNEY

The undersigned Juan Edgar Varela, has made, constituted and appointed, and by this document does make, constitute and appoint Roberto Hernandez and The Law Offices of Roberto Hernandez, PLLC, attorney-in-fact for him/her and his/her name, place and stead, for the express purpose of executing and endorsing claim and loss forms, drafts, checks, releases and other settlement documents in connection with his/her damage claim arising out of an accident or event that occurred on 10/04/17.

The undersigned further grants to said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done, as fully to all intents and purposes as he/she might or could do if personally present hereby ratifying and confirming all that his/her said attorney-in-fact shall lawfully do or cause to be done by virtue of this document.

DATED this 11th day of October, 2017

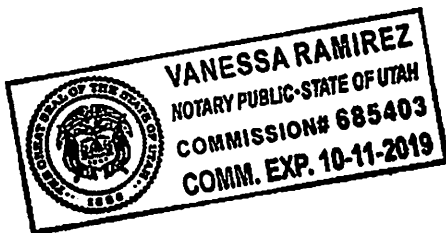
(Signature)
(Client Signature)

JUAN EDGAR VARELA
(Name)

STATE OF UTAH)

COUNTY OF Salt Lake : ss

On this 11th day of October, 2017, before me, a notary public, personally appeared Juan E. Varela, proven on the basis of satisfactory evidence to be the person whose name subscribe to this instrument, and acknowledged to me that ~~(he/she)~~ executed the same freely and voluntarily, and for the uses and purpose therein mentioned



(Signature)
(NOTARY PUBLIC)



September 27, 2019

DHS/ICE/OPLA/DCLD
District Court Litigation Division
Attn: Vita Kirksey
500 12th St, SW, Mailstop 5900
Washington, DC 20536
Tel: 202-732-5405

Re: My Client: Juan Edgar Varela
464 E Edith Ave
Salt Lake City, UT 84111
DOL: October 4, 2017

NOTICE OF CLAIM

Pursuant to Federal Tort Claims Act and Title 28, Code of Federal Regulations, Part 14, Claimant Mr. Juan Edgar Varela hereby gives written notice of his property damage and personal injury claim against the U.S. Department of Homeland Security for damages incurred and injuries sustained as a result of a motor vehicle accident of October 4, 2017 involving Mr. Adam Koeneman, an agent and vehicle of the U.S. Immigration and Customs Enforcement, while acting in the scope of his official duties.

STATEMENTS OF FACTS

On October 4, 2017, Juan Edgar Varela was traveling eastbound on I-80 near 3200 West in West Valley City, Utah. Mr. Varela was traveling in a rental vehicle. Adam Koeneman, an agent with the Immigration and Customs Enforcement, was also traveling eastbound directly behind Mr. Varela. Mr. Koeneman was driving a U.S. Immigration and Customs Enforcement vehicle. As Mr. Varela approached congested traffic he slowed down. However, Mr. Korneman failed to slow down and collided with the rear-end of Mr. Varela's vehicle. The impact was significant as it caused Mr. Varela to sustain injuries to his head, neck, upper back, mid back, lower back, arms, abdomen/ribs and chest for which he received medical treatment and caused damage to the rear of Mr. Varela's vehicle.

NATURE OF THE CLAIM

The nature of the claim is one of personal injury, arising out of injuries sustained by Mr. Varela on October 4, 2017 caused by the negligence of Mr. Koeneman, an agent with the Immigration and Customs Enforcement, while acting in the scope of his official duties and driving an U.S. Immigration and Customs Enforcement (ICE) vehicle. Mr. Varela alleges that Mr. Koeneman was negligent the following particulars:

1. In failing to maintain a safe driving distance from another vehicle;

2. In failing to maintain proper lookout;
3. In failing to stop/yield;
4. In otherwise failing to operate his vehicle in a safe and prudent manner.

Mr. Varela alleges Mr. Koeneman may be negligent in other ways not currently known. Mr. Valeral further alleges that the negligent acts and/or omissions of Mr. Koeneman were the direct and proximate cause of his injuries and damages.

Mr. Varela alleges that the U.S. Immigration and Customs Enforcement is vicariously liable for Mr. Koeneman's negligent acts as he was acting in the scope of his official duties at the time of the October 4, 2017 accident. Mr. Varela further alleges that U.S. Immigration and Customs Enforcement is vicariously liable for Mr. Koeneman's negligent acts because Mr. Koeneman was in possession of a U.S. Immigration and Customs Enforcement while in the scope of his duties at the time of the October 4, 2017 accident.

Mr. Varela alleges the U.S. Immigration and Customs Enforcement may be negligent in other ways not currently known. Mr. Varela further alleges that the negligent acts and/ omissions of Mr. Koeneman via the vicarious liability of the U.S. Immigration and Customs Enforcement were the direct and proximate cause of his injuries and damages.

DAMAGES
(Property Damage)

As a direct and proximate result of the negligence of Mr. Koeneman and the U.S. Immigration and Customs Enforcement, Mr. Varela's vehicle, a 2017 Volkswagen Jetta, incurred damage to the rear (body, trunk, rear bumper, taillights, exhaust, etc.) in the amount of **\$9,433.19**. Please see enclosed estimate from Ken Garff Body & Glass, 1058 South Auto Mall Drive, P.O. Box 37, American Fork, Utah 84043, 801-756-2277. The owner of the vehicle is Ken Garff Volkswagen located at 115 East University Parkway, Orem, Utah 84058, Tel: 801-714-2300.

DAMAGES
(Injuries)

As a direct and proximate result of the negligence of Mr. Koeneman and the U.S. Immigration and Customs Enforcement, Mr. Varela sustained injuries to his person including but not limited to his head, neck, upper back, mid back, lower back, arms, abdomen/ribs and chest resulting in:

- Disc displacement at L4-5;
- Neck whiplash;
- Neck pain;
- Sprain ligaments of cervical spine;
- Strain of muscle, fascia and tendon at neck level;
- Post-traumatic head injury or concussion without loss of consciousness;

- Post-traumatic cervical, thoracic, and lumbar spine injures or strains with pain or discomfort;
- Sprain of ligaments of thoracic spine;
- Sprain of ligaments of lumbar spine;
- Post-traumatic bilateral arm injury or strain with pain or discomfort;
- Post-traumatic chest injury or strain with pain and discomfort;
- Post-traumatic abdomen/rib injuries or strains with pain and discomfort;
- Radiculopathy of the cervical, thoracic and lumbosacral spine regions;
- Contusion of the chest wall or Thorax;
- Chest pain;
- Low back pain;
- Segmental and somatic dysfunction of cervical, thoracic, lumbar and sacral regions;
- Spondylosis of the lumbosacral region;
- Spinal stenosis of the lumbar spine;
- Sacroiliitis;
- Cervicalgia;
- Post-traumatic headaches;
- Post-traumatic stress;
- Muscle spasms;
- Decreased range of motion and pain with movement.

Mr. Varela required treatment for the aforementioned injuries. He was treated at the following medical providers:

1. University of Utah Health Care Clinic	\$ 659.48
2. Axis Chiropractic	\$ 3,801.61
3. Interventional Spine	\$ 4,300.00
4. U.S. MRI	\$ 3,100.00
5. Mountain Land Physical Therapy	\$ 5,340.00

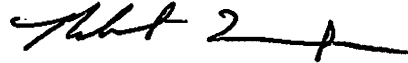
To date, medical expenses total **\$17,201.09**, with State Farm Insurance having paid \$ 5,000.00 in PIP medical benefits.

As a result of the negligence of Mr. Koeneman and the U.S. Immigration and Customs Enforcement, Mr. Varela's life was significantly affected. Mr. Varela physical injuries, pain and discomfort, physical and emotional distress and loss of enjoyment of life from the time of the accident, to the present, and in the future must be considered in a general damage compensation but with a value of no less than **\$75,000.00**.

Accordingly, considering the severity and cause of the collision, the nature of the injuries sustained by Mr. Varela, total property damages, total medical expenses, and Mr. Varela's total general damages, we believe a total claim value of **\$101,634.28** is appropriate as resolution of this claim.

DATED THIS 27th DAY OF Sept, 2019.

Sincerely,

A handwritten signature in black ink, appearing to read "Roberto Hernandez", followed by a long horizontal line.

Roberto Hernandez, Esq.
Attorney for Claimant

EXHIBIT B

Office of the Principal Legal Advisor
U.S. Department of Homeland Security
500 12th Street, S.W., 9th Floor
Washington, D.C. 20536



**U.S. Immigration
and Customs
Enforcement**

April 20, 2021

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Juan Varela
C/O Roberto Hernandez
The Law Office of Roberto Hernandez
491 West 5300 South
Murray, UT 84123

Re: Federal Tort Claim against Department of Homeland Security/Immigration and Customs
Enforcement
Date of Incident: October 4, 2017
Amount Claimed: \$101,634.28

Dear Mr. Varela:

We have evaluated the claim you filed against the Department of Homeland Security and Immigration and Customs Enforcement in the amount of \$101,634.28 for claims related to an alleged incident occurring on October 4, 2021. Based upon the evidence before it, the decision of Immigration and Customs Enforcement is to deny the claim.

This letter is being furnished to you as formal written notice of our final denial of this claim. If you wish to pursue your claim pursuant to 28 U.S.C. § 2401(b), you must do so in the appropriate United States District Court no later than six months after the date of this letter.

Sincerely,

A handwritten signature in cursive script that reads "John W. Bellflower".

John W. Bellflower
Associate Legal Advisor

CERTIFIED MAIL



U.S. Immigration
and Customs
Enforcement

E/OPLA/DCLD
2th Street, S.W.
top 5900
hington, DC 20536

CERTIFIED MAIL®



7018 1830 0000 6183 3874

CAPITAL DISTRICT 208

21 APR 2021 PM 3 L

Hasler

04/21/2021

US POSTAGE

FIRST-CLASS MAIL

\$006.96

US OFFICIAL MAIL
\$300 Penalty
For Private Use

ZIP 20743

011E11520043



The Law Office of Roberto Hernandez
Juan Varela
c/o Robert Hernandez
491 West 5300 South
Murray, UT 84123

APR 26 2021

84123-560091



USPS Tracking®

FAQs >

Track Another Package +

Tracking Number: 70181830000061833874

Remove X

Your item was delivered to an individual at the address at 1:28 pm on April 26, 2021 in SALT LAKE CITY, UT 84123.

✓ Delivered, Left with Individual

April 26, 2021 at 1:28 pm
SALT LAKE CITY, UT 84123

Get Updates ∨

Text & Email Updates



Tracking History



April 26, 2021, 1:28 pm

Delivered, Left with Individual

SALT LAKE CITY, UT 84123

Your item was delivered to an individual at the address at 1:28 pm on April 26, 2021 in SALT LAKE CITY, UT 84123.

April 24, 2021, 10:18 am

Delivery Attempted - No Access to Delivery Location

SALT LAKE CITY, UT 84123

April 23, 2021, 10:16 pm
Departed USPS Regional Facility
SALT LAKE CITY UT NETWORK DISTRIBUTION CENTER

April 23, 2021, 8:34 am
Arrived at USPS Regional Facility
SALT LAKE CITY UT NETWORK DISTRIBUTION CENTER

April 22, 2021
In Transit to Next Facility

April 21, 2021, 9:43 pm
Departed USPS Regional Facility
GAITHERSBURG MD DISTRIBUTION CENTER

April 21, 2021, 7:53 pm
Arrived at USPS Regional Facility
GAITHERSBURG MD DISTRIBUTION CENTER

Product Information



See Less ^

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs